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*Rhonda Dunn*  
Rhonda Dunn

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

10 In re Application of: Banaugh et al.

Docket No.: WELL0011

Serial No. : 09/703,357

Art Unit: 3624

Filed: 31 October 2000

Examiner: Kyle, Charles R.

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Title: Method and Apparatus for Integrated Payments Processing and Decisioning for Internet Transactions

September 13, 2004

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Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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**RESPONSE**

Sir:

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This is a Response to the Final Office Action, mailed July 12 2004, for the above-identified patent application. Amendment to the claims is attached hereto.

PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0651-0031

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/703,357	<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>SEP 13 2004</b>
	Filing Date	10/31/2000	
	First Named Inventor	Banaugh	
	Art Unit	3624	
	Examiner Name	Kyle, Charles	
Total Number of Pages in This Submission	21	Attorney Docket Number	WELL0011

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	Julia A. Thomas, Reg. No. 52,283	
Signature	<i>Julia A. Thomas</i>	
Date	September 13, 2004	

703-872-9306		CERTIFICATE OF TRANSMISSION/MAILING	
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